

06-04-22

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Cole et al.
Serial No. : 09/508,710 Examiner: David H. Kruse
Filed : July 10, 2000 Group Art Unit: 1638
For : NEW PLANT GENE

REQUEST FOR RECONSIDERATION TRANSMITTAL LETTER

May 31, 2002

BY EXPRESS MA

BOX PATENT AP.

Assistant Commissic
Washington, DC 20

Sir:

Transmitted herewith is a REQUEST FOR RECONSIDERATION WITH TECHNICAL AMENDMENTS, which is responsive to the Office Action dated December 4, 2001, and a Rule 1.131 DECLARATION to be made of record in the above-identified patent application.

Small Entity Status:

☐ Small entity status of this application under 37 CFR 1.9 and 1.27

☐ has been established previously. Such status is still proper and desired.

☐ is claimed.

Extension of Time Request:

[X] An extension of time to respond to the PTO communication is hereby requested. The required fee for extension, indicated below, is enclosed herewith.

Extension for response (check only one):

	<u>SMALL ENTITY</u>		<u>OTHER THAN SMALL ENTITY</u>	
within first month under 1.17(a)(1)	<input type="checkbox"/>	\$55.	<input type="checkbox"/>	\$110.
within second month under 1.17(a)(2)	<input type="checkbox"/>	\$200.	<input type="checkbox"/>	\$400.
within third month under 1.17(a)(3)	<input type="checkbox"/>	\$460.	<input checked="" type="checkbox"/>	\$920.
within fourth month under 1.17(a)(4)	<input type="checkbox"/>	\$720.	<input type="checkbox"/>	\$1,440.

[] An extension for ___ months has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total months of extension now requested. The extension fee due with this request is \$_____.

[X] In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

Fee Calculation:

[X] The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra Claims	Small Entity Rate	Fee	OR	Other Than A Small Entity Rate	Fee
Total Claims*	46 minus**	44 =0	4	x 9 =	\$0.00	,	18 =	\$72.0
Ind. Claims*	8 minus***	4 =	4	x 0 =	\$0.00	,	80 =	\$320.0
() First Presentation of Multiple Dependent Claim				+ 135 =		+ 270 =		\$0.0
Total Additional Fee					<u>\$0.00</u>			<u>\$392.0</u>

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" in this space is less than 3, write "3" in this space.

Method of Fee Payment:

☒ [X] A check of \$1312.00 is attached herewith (extension of time for three months and additional claims)

☐ [] Please charge our Deposit Account no. 02-4377 in the amount of \$____. Two copies of this sheet are enclosed.

☒ [X] The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

☐ [] The Commissioner is conditionally authorized to charge payment of any fees associated with this application or credit any overpayment to Deposit Account No. 02-4377. Two copies of this sheet are enclosed.

Respectfully submitted,

BAKER BOTTS, L.L.P.



Louis S. Sorell

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Enclosures